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SGM 95-5

TO: Area and Associate Directors  
FROM: Director  
SUBJECT: Funding Tribal Injury Prevention Projects

This memorandum provides temporary guidance on the mechanisms to be used by the Indian Health Service (IHS) to provide funding for tribal injury prevention projects. The requirements set forth in this memorandum are in effect through September 30, 1996.

Injury prevention is one of the most important public health initiatives sponsored by the IHS. The Congress has supported this initiative with recurring program enhancements for fiscal years (FY) 1994 and FY 1995 in the amount of \$1 million. The funds are for the purpose of stimulating community-specific injury prevention projects through direct intervention.

These funds are made available to Indian communities annually, on a competitive basis, through the Division of Environmental Health (DEH), Office of Environmental Health and Engineering (OEHE). The application format is described in the IHS Injury Prevention program Guidelines available from your Area Injury Prevention Specialist. A copy of the application format is attached to this memorandum. Announcements of the availability of funds will be made as soon as possible after the beginning of the FY.

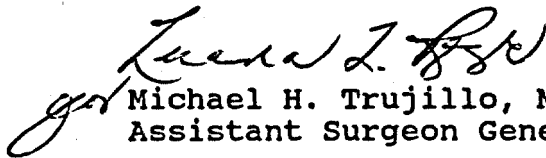
Each Area Director is responsible for designating a panel of 3-5 persons to judge the merits of each proposal received by the Area office and to rank proposals determined to be suitable for funding. To promote fairness, and to protect the Agency, I am directing each Area Director to assure that the review process is objective and that none of the review panelists has a conflict of interest with the proposals that he or she reviews. Announcements of awards must be made within 60 calendar days of the panel review.

The funding of approved injury prevention projects for tribes with an existing Public Law 93-638 contract should be made by using contract modification procedures. In the case of compacting the funding of approved injury prevention projects will

Area and Associate Directors

be handled either at the time each tribe's Annual Funding Agreement (AFA) is renewed, or-through a modification of the AFA, depending on the timing of the award.

Please give this matter your prompt attention so that the mechanisms for funding tribal injury prevention projects are in place when the applications for funding begin to arrive. If you have questions regarding this memorandum, please contact Mr. Richard Smith, Injury Prevention Manager, OEHE, IHS, on (301) 443-1054.

  
Michael H. Trujillo, M.D., M.P.H.  
Assistant Surgeon General

Attachment

**FISCAL YEAR\_\_\_\_\_**

**\_\_\_\_\_AREA INDIAN HEALTH SERVICE**

**INJURY PREVENTION PROJECTS**



***Information and Application Packet***

FISCAL YEAR  
AREA INDIAN HEALTH SERVICE  
  
INJURY PREVENTION PROJECTS

I. PURPOSE

The \_\_\_\_\_ Area Indian Health Service Injury Prevention Program is prepared to enter into collaborative agreements with tribal organizations to develop, implement, and evaluate community based Injury Prevention Projects (IPPS).

II. BACKGROUND

Injuries are the leading cause of death and the second leading cause of hospitalizations for Native Americans. During 1981-1985, injuries accounted for approximately 7,950 deaths and more than 73,000 hospitalizations among American Indian and Alaska Native people. The age adjusted injury death rates for Native Americans served by the Indian Health Service (IHS) were approximately three times the all U.S. rates for each of the years 1981 through 1985. This discrepancy can be primarily attributed to a Native American poverty rate that is approximately two and one-half times the U.S. all races rate (the environment of poverty is a strong predictor for injury mortality) and the rural locations and associated disadvantaged proximity to emergency medical care within which a large proportion of Native Americans live.

The leading causes of Native American injury death were motor vehicles (40%), homicide (13%), and suicide (13%) followed by drowning, fire/flames, and falls. For all injuries combined, the male to female ratio of death rates was three to one.

(INSERT AREA SPECIFIC INJURY DATA HERE!)

### III. LONG-TERM HEALTH STATUS OBJECTIVES

Consistent with recognized Native American injury mortality and morbidity patterns and *HEALTHY PEOPLE 2000: National Health Promotion and Disease Prevention Objectives*, the \_\_\_\_\_ Area Indian Health Service Injury Prevention Program has established the following long-term health status objectives:

(INSERT AREA LONG-TERM INJURY PREVENTION OBJECTIVES HERE!)

### IV. FUNDING PRIORITIES AND AVAILABILITY

Funded IPPs shall be:

1. projects that are necessary to prevent further injury morbidity and mortality based upon clearly established current injury trends within the target community; and
2. projects that are not being requested to replace existing resources for a program already in existence. However, funds may be used to supplement an existing program if they are used to significantly exceed the original intent of this program.

IPP funding priorities shall reflect the leading causes of injury mortality among \_\_\_\_\_ Area Native American people. Projects in the following categories shall be considered for funding:

(INSERT INJURY CATEGORIES AND POTENTIAL FUNDING AMOUNTS HERE!)

## V. FUNDING CRITERIA

Funding shall be non-recurring and shall be provided for a duration of one year. Supplemental indirect cost funding is not available. Indirect costs for the proposed IPP must be reflected in the TOTAL IPP EXPENSES (see PROPOSED IPP BUDGET in APPENDIX 3).

At the end of one year, an IPP ACCOMPLISHMENTS REPORT (see APPENDIX 1) shall be submitted by the project coordinator and a potential may exist for continuation funding based upon satisfactory progress. Satisfactory progress would be evident if project objectives were being met within budgeted funding amounts and if acceptable objectives had been developed for the new funding period.

All funding decisions shall be made by the \_\_\_\_\_ Area Indian Health Service Injury Prevention Specialist. These decisions shall be based upon the CRITERIA detailed in APPENDIX 2.

## VI. APPLICATION PROCESS AND DEADLINES

At a minimum, applications must include a completed IPP WORKPLAN and PROPOSED IPP BUDGET. Copies of both of these forms can be found in APPENDIX 3 of this document. Additional background information, which may strengthen the application package, may be included. Completed applications must be received at the following address by no later than - \_\_\_\_\_.

Injury Prevention Specialist  
IHS/\_\_\_\_\_ Area Office  
(street)  
(city, state zip code)

Applications will be reviewed and funding announcements will be made by no later than \_\_\_\_\_.

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# **APPENDIX 1**

## *Accomplishments Report*

## IPP ACCOMPLISHMENTS REPORT

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(Name of Indian Health Program)

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(Name of IPP)

Please answer the following questions. You may attach additional sheets if necessary.

1. Was the goal of this project attained? (describe)
  
2. Give a brief description of the activities Conducted in an effort to meet this goal.
  
3. How were these activities evaluated?
  
4. What difficulties, expected or unexpected, were encountered while conducting these activities and what means were used to deal with these difficulties?
  
5. Do you plan to apply for additional funding to continue/complete this project? (describe)

Please attach any pertinent information which may strengthen this report.

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**Director's Signature**

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**Date**

## APPENDIX 2

### Criteria

CRITERIA	MAX. POINTS
<u>STATEMENT OF THE INJURY PROBLEM(S)</u> - Define the specific injury problem(s) identified for action. Include injury morbidity and/or mortality information (baseline data) for the Native American community to be served by this project or at least this same information for _____ Area Native Americans in general.	20
<u>GOAL STATEMENT</u> - State the proposed level of injury morbidity and/or mortality reduction or process/program to be developed as a result of this special project.	10
<u>INTERVENTION STRATEGY/STRATEGIES</u> - Define the strategy or strategies that will be utilized to reach the desired outcome/process objective. This strategy must be based upon generally accepted injury prevention theory and practice. (1)	15
<u>IMPLEMENTATION PLAN</u> - Develop a measurable work plan that details how the proposed intervention strategy or strategies will be implemented. <b>The work plan</b> should describe what activities are to be conducted, by whom, for whom, and when.	25
<u>EVALUATION</u> - Describe how the effectiveness of the injury intervention strategies will be evaluated. This evaluation should include the development of measurable checkpoints or milestones in both direction and time and include provisions for redirecting activities if it is found that initial efforts have been ineffective.	20
<u>RESOURCES</u> - Describe funding for personnel and operating expenses (including in-kind contributions) that will be necessary to reach the desired outcome/process objective. (2)	10
TOTAL	100 (3)

**NOTES:**

- (1) An excellent resource for state-of-the-art injury prevention theory and practice is the book entitled **Injury Prevention: Meeting the Challenge** published by **The National Committee for Injury Prevention and Control** in 1989. Copies of this book are available for loan from the \_\_\_\_\_ Area Indian Health Service Injury Prevention Program.
- (2) The proposed budget for each project under consideration shall be individually scrutinized for cost applicability to proposed objectives.
- (3) A minimum score of 70 points shall be required for a project to receive funding consideration. Priority shall be given to projects achieving the greatest number of points exceeding 70.

## A P P E N D I X    3

### A p p l i c a t i o n    M a t e r i a l s

\_\_\_\_\_  
(Name of Tribal Organization) -

\_\_\_\_\_  
(Name of IPP)

**STATEMENT OF THE INJURY PROBLEM(S):** \_\_\_\_\_

\_\_\_\_\_

**GOAL STATEMENT:** \_\_\_\_\_

\_\_\_\_\_

**INTERVENTION STRATEGY/ STRATEGIES:** \_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

**IMPLEMENTATION PLAN:**

ACTIVITY	CONDUCTED BY	TARGET AUDIENCE	TIMELINE	METHOD(S) OF <b>EVALUATION</b>

\_\_\_\_\_  
*Director's Signature*

\_\_\_\_\_  
*Date*

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IPP WORK (continued)

(Name of Tribal Organization)

(Name of IPP)

ACTIVITY	CONDUCTED BY	TARGET AUDIENCE	TIMELINE	METHOD(S) OF EVALUATION

Director's Signature

Date

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PROPOSED IPP BUDGET

\_\_\_\_\_  
(Name of Tribal Organization)

\_\_\_\_\_  
(Name of IPP)

PERSONNEL EXPENSES

POSITIONS	SALARY	PERCENT TIME	REQUESTED, FUNDING	IN-KIND FUNDING	TOTAL BUDGET,
TOTAL SALARIES AND WAGES					
FRINGE BENEFITS @ - PERCENT					
TOTAL PERSONNEL EXPENSES					

OPERATING EXPENSES

EXPENSE	REQUESTED FUNDING	IN-KIND FUNDING	TOTAL BUDGET
Printing/Copying			
Communications			
Travel			
Training			
Consultant Services			
Other (please specify)			
Other (please specify)			
Other (please specify)			
TOTAL OPERATING EXPENSES			
IN-DIRECT COSTS @ - PERCENT			
TOTAL IPP EXPENSES			

Director's Signature

Date